DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Quality Assurance Division



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STATE OF MONTANA

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Dear Specialty Mental Health Facility Applicant;

Per you request, enclosed are the Specialty Mental Health Facilities administrative rules and application form. The facility's policies and procedures, which correspond to the regulations, are considered part of the application materials and must be submitted for review before the on-site inspection.

Please complete the application and return it to: Beal Mossman, Mental Health Facility Surveyor DPHHS/Quality Assurance Division/Licensure Bureau 2121 Rosebud Drive, Suite D, Billings, MT 59102.

After receipt of the application, the licensure bureau will conduct an initial inspection of the facility within 45 working days, per MCA 50-5-204.

Thank you for your inquiry, if you have any questions or need assistance during the licensure process please contact Beal Mossman at 406-655-7624 or me at 406-563-3448 extention 222.

Respectfully,

Julie Fink Licensing Program Manager Licensure Bureau

Roy Kemp, Chief Licensure Bureau Quality Assurance Division

Enclosures